

PART B - FEE(S) TRANSMITTAL

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Bryant R. Gold	(Depositor's name)
<i>[Signature]</i>	(Signature)
August 3, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/057,115	01/24/2002	Todd K. Whitehurst	AB-210U	1870

TITLE OF INVENTION: FULLY IMPLANTABLE MINIATURE NEUROSTIMULATOR FOR STIMULATION AS A THERAPY FOR EPILEPSY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	09/07/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
JASTRZAB, JEFFREY R	3762	607-045000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Laura Haburay Bishop

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Advanced Bionics Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Valencia, California

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

☐ Publication Fee

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(Date)

August 3, 2004

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